Late Contribution Report

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Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER Marc Steinorth for Assembly 2016	**Date of This Filing** ___10/07/2016___
AREA CODE/PHONE NUMBER ( ) -	I.D. NUMBER (if applicable) 1373710
STREET ADDRESS	
CITY Rancho Cucamonga	STATE CA ZIP CODE 91701

Date Stamp

Report No. ___16-112___

Page 1 of 2

☐ **Amendment to Report No.** _____
(explain below)

No. of Pages ___2___

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/07/2016	Grove for Senate 2018 Bakersfield, CA 93309 ID# 1374834	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$2,000.00
10/07/2016	Ronald Cunning DDS Montclair, CA 91763	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		$2,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2086280-0

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DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

2086280-0